

STANDARD CERTIFICATE OF DEATH

State File No. 41727

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 387			
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 3 Wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		0804			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				d. STREET ADDRESS (If rural, give location) 503 East Jackson 0					
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) J.		c. (Last) POTTER			
4. DATE OF DEATH		(Month) Dec. 12,		(Day) 1950		(Year)			
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Dec. 17, 1875			
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		11. BIRTHPLACE (State or foreign country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Potter		13b. MOTHER'S MAIDEN NAME Candice Phillips		14. NAME OF HUSBAND OR WIFE George Ann Potter					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Spanish-American		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George Ann Potter, Sedalia, Mo.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral haemorrhage with ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Associated hemiplegia DUE TO (c) Arteriosclerosis, advanced. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia (static)				INTERVAL BETWEEN ONSET AND DEATH 10-20-50 321X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July, 1950, to Dec 12, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 1:30 a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Chas Gordon Beauford Over				23b. ADDRESS Union Savings Bank Bldg Sedalia Mo		23c. DATE SIGNED 12-12-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/14/50		24c. NAME OF CEMETERY OR CREMATORY Lamine Baptist Church		24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.			
DATE REC'D BY LOCAL REG. 12/13/50		REGISTRAR'S SIGNATURE A. R. Campbell		FEDERAL DIRECTOR'S SIGNATURE ADDRESS Sedalia, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DISTRICT HEALTH OFFICE N
District File Number _____
Date Filed 12/19/51

JAN 3 1951

JAN 8 1951

DEC 27 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

P. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.